

## **MASS FATALITIES PLAN 2023-2025**

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## **PURPOSE**

The purpose of the Eagle County Mass Fatality Incident Plan is to provide a concept of operations for a coordinated response to an incident involving multiple fatalities by defining the roles and responsibilities of various local, state, and federal agencies. This plan applies to all the agencies that may be involved in mass fatality management within Eagle County which specifically includes but is not limited to:

- Eagle County Coroner's Office
- Eagle County Public Health and Environment
- Vail Health
- Local funeral homes

## **AUTHORITY**

Under C.R.S. 30-10-606, the Eagle County Coroner has statutory responsibility for the investigation and determination of the cause and manner of all deaths and disposition of remains:

- Where no physician was attending or the physician will not sign a death certificate.
- All cases where the attending physician has not been in actual attendance within 30 days prior to death.
- All cases in which trauma may be associated with the death.
- Any patient who sustained a fracture, no matter how long ago.
- Deaths by suspected poison, chemical or bacteria, HAZMAT or radiation.
- Known or suspected suicide.
- Deaths due to contagious disease.
- Deaths due to self-inflicted or unexplained abortion.
- All operating room deaths during a medical procedure.
- All unexplained or suspicious deaths.
- All industrial accidents.
- Deaths in the custody of law enforcement.
- Deaths in the care of a public institution.
- Deaths that occur within 24 hours of admission to a hospital or nursing care program.
- All deaths that occur in a nursing home or as part of a hospice program.

In the event of a mass fatality emergency/disaster, the deceased are placed in the custodial care of the Eagle County Coroner's Office. The Eagle County Coroner's Office will need to ensure collaboration and coordination with all other ESF#8 partners to the emergency/disaster.

## **DEFINITION**

Eagle County has defined a Mass Fatalities Incident (MFI) as one that exceeds the capabilities of the County Coroner due to the number of simultaneous fatalities. This definition includes consideration for circumstances that surround deaths due to the direct relationship between the circumstances and the capability to handle the deaths.

The Eagle County Coroner has identified the following situations and corresponding number of deaths as meeting the definition of a Mass Fatality Situation:

- Six (6) or more deaths with suspicious circumstances
- Eight (8) or more deaths from traumatic injuries
- Twenty (20) or more deaths from a common illness

A Mass Fatality Situation as defined above will require the activation of the Eagle County Emergency Operations Center (EOC) (see Appendix B).

## **ASSUMPTIONS**

- It is the duty of the Coroner's Office to determine the circumstances, manner and cause of all violent, sudden, or unusual deaths.
- Disposition of human remains requires a death certificate.
- MFIs can occur as the result of many different types of incidents, both naturally occurring and human caused. Likely scenarios that may cause mass fatalities in Eagle County could include:
  - Severe weather
  - Deadly infectious agent
  - Air traffic accident/incident
  - Multiple vehicle traffic accidents
  - Derailment of trains carrying toxic chemicals
  - Derailment of trains with passenger cars
  - Dam failure and resultant flood inundation
  - Structural collapse
  - Watershed/drinking water contamination
  - Terrorist activity
  - Radioactive or chemical release
  - Shootings at schools or other public places
- Requests for resources for aid with mass fatalities will correspond with Federal Response Plan ESF#8 ([www.fema.gov/r-n-r/frp/frpesf8.htm](http://www.fema.gov/r-n-r/frp/frpesf8.htm)).
- County agencies, hospitals, and other healthcare entities have limited fatality surge space or equipment.
- The risk of disease from human remains is low.
- Those who physically handle remains may be at risk of blood borne or bodily fluid exposure requiring universal precautions and proper training for handling the dead.
- It is more important to ensure accurate and complete death investigations and identification of the dead than it is to quickly end the response.
- There is a limited capacity to store bodies.
- Deaths not as a result of the MFI will continue to occur.
- The time to complete fatality management of an event may exceed six months to a year.
- During extreme events such as widespread disease outbreaks and natural disasters, support from outside Eagle County may not be available.
- Media might be present on scene and must be managed.
- Family members may search for loved ones at the incident scene and impede operations.

## **EPIDEMIC ASSUMPTIONS**

- Epidemics from a known pathogen (i.e. influenza) may result in mass fatalities. It may be assumed that all fatalities that occur during an epidemic presumably have died of the epidemic thus relieving the Coroner's Office from investigating every death that is unattended by a physician.
- The need to identify bodies that result from an epidemic outbreak will be minimal.
- Standard practices for fatalities require a cause of death and/or autopsy by a physician or the Coroner. Instances such as epidemics from a known pathogen may trigger a state or federal "State of Emergency" which may wave these standard practices due to the volume or presumed cause of death.
- Federal or Military assistance in fatality management may not be available to local jurisdictions in widespread incidents such as a pandemic.
- Widespread illness could result in sudden and significant shortages of personnel that provide critical public safety services.
- Healthcare workers and other first responders will be at a higher risk of exposure.
- Vaccines and antiviral agents will likely be delayed and in short supply.
- Deaths will be occurring at multiple locations such as hospitals, other treatment facilities and at home. Processes and procedures will be significantly different from a single site MFI.
- On average an infected person will transmit the infection to two (2) other people.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two (2) days.

## **PLAN ACTIVATION TRIGGERS AND PROCEDURES**

The Eagle County Coroner will be responsible for the activation of this plan and will provide oversight and coordination of resources and accomplish the recovery and identification of the deceased. The Coroner will be responsible for notifying staff of the activation of this plan. Staff will be notified by both phone and email. The Coroner will first notify hospitals and healthcare providers in the area, followed by the emergency services departments including fire departments, law enforcement agencies, and ambulance districts. The Coroner will then notify trained personnel and volunteers of the situation and activation of this plan. After notifying all staff and emergency responders the Coroner will then notify potential service providers such as: the Red Cross, grief counselors, local chaplains, and other providers.

Should additional resources be required, support will be requested through the Eagle County EOC. The EOC may request assistance from appropriate local medical and law enforcement agencies and/or may request assistance from the State of Colorado Emergency Operations Center for support in the identification, recovery, and preservation of remains.

## **MASS FATALITY INCIDENT MANAGEMENT**

An MFI will be managed as a Unified Command Incident with the Coroner or designee and other situational appropriate agency representatives.

Upon the arrival at the Incident Command Post (ICP) The Eagle County Coroner’s Office will coordinate with the Incident Commander (IC) in the preparation of the Incident Action Plan (IAP) which will incorporate specific details to address all mass fatality management issues and concerns.

**PROTOCOLS FOR HANDLING MASS FATALITIES**

The Eagle County Public Health Director or designee in consultation with the County Medical Officer will review the County Coroner’s plans, procedures, and protocols for the proper handling, storage and sanitary management of mass fatalities and provide medical feedback as appropriate.

The Mass Fatalities Operation Plan includes:

- Body substance precautions
- Specimens needed to determine cause of death
- Disposition-of-deceased requirements for each of the five (5) CDC Category A Agents as identified in the table below<sup>1</sup>

<b>Disease</b>	<b>Precautions for Handling Bodies</b>	<b>Specimens for Determining Cause of Death</b>	<b>Disposition of Deceased</b>
Inhalation Anthrax	Body Substance Precautions; Minimal Contact	Blood, CSF for culture or other tests	Cremation
Brucellosis	Body Substance Precautions; Minimal Contact	Blood for culture or other tests	Cremation
Pneumonic Plague	Body Substance Precautions; Minimal Contact	Sputum, blood or lymph node aspirate for culture or other tests	Cremation
Smallpox	Body Substance Precautions; Minimal Contact	Initial vesicular/pustular fluid/scabs; then clinical history and picture	Cremation
Tularemia	Body Substance Precautions; Minimal Contact	Blood for culture or other tests	Cremation

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<sup>1</sup> Guidance concerning other agents (i.e. influenza, bubonic plague) as identified by CDPHE on an event-by-event basis will be disseminated via the public health HAN network to emergency response partners.

## **STAFFING NEEDS AND ASSIGNMENTS**

Depending upon the extent and number of deceased during the MFI the Coroner may employ the assistance of additional personnel to begin documentation required during an MFI such as:

- Identification and Tracking of fatalities supported by using:
  - Law enforcement personnel
  - Funeral home personnel
  - Coroner and deputies
  - Others as deemed appropriate by the Coroner
- Death Certificate completion supported by using:
  - Coroner and deputies
  - Eagle County Public Health and Environment personnel
  - Eagle County Registrars
  - Others as deemed appropriate by the Coroner

## **LOCAL HEALTH DEPARTMENT RESPONSIBILITIES**

The Eagle County Public Health Director or designee will:

- Notify the Eagle County Coroner's Office of confirmed or suspected disease threat through direct phone communications or through (911) dispatch. Requests for enhanced surveillance from the Coroner's Office are made if there is:
  - Increase in death data
  - Unusual illness/death
- Collaborate with the Coroner's Office on necessary protocols for :
  - Processing deceased patients, including determination of the cause of death
  - Recovery and decontamination of personal property
  - Personal protective equipment required for staff and others handling the bodies and/or potentially contaminated property
  - Prophylaxis and/or immunizations/biologic requirements for involved staff. These decisions will be influenced by the type of biologic agent involved.
- Consult with the Coroner's Office and Office of Emergency Management on sites for temporary mortuary facilities and appropriate disposal of bodies (burial or cremation).
- Collaborate with the County Coroner's Office on methods and procedures for data sharing and reporting of fatality data to the Eagle County Public Health and Environment on a regular basis (as determined by the nature and magnitude of the event).
- Determine if the system for the issuance of death certificates needs to be augmented in order to meet the needs of the incident.
- Consult with the County Coroner's Office on the need for local mass burial if maximum morgue capacity is reached. The protocol for such an event includes the following:
  - The County Coroner will request mutual aid through the EOC.
  - The Public Health Director or designee will participate in establishing criteria for determining and documenting the cause of death and protocols for safely handling and transporting bodies, if this has not been done prior to the occurrence of death.
  - The Public Health Director or designee will work with Environmental Health to suppress potential vectors originating from inaccessible human corpses or animal carcasses.

## **LOCATION**

Taking into consideration the location and geographic terrain, the Mass Fatality portions of the Incident Action Plan will include the following:

1. **GRIDDING** – Establish a system for documenting the exact location of the remains, personal effects and evidence through sketches, photographs, flagging and global positioning system (GPS) coordinates.
2. **RECOVERY** – Supervise the removal of remains, personal effects and evidence from the mass fatality site to a secured holding site.

## **HUMAN REMAINS MANAGEMENT**

### **STAFFING NEEDS, ASSIGNMENTS AND EQUIPMENT**

Eagle County Coroner's Office will:

- Assume notification responsibilities for morgue investigation and technical staff, including the following:
  - Clerical and Support Staff
  - Technical Specialists
  - Forensic Odonatologist
  - Forensic Anthropologist
  - Fingerprinting
  - DNA collection
  - Death Certificate Coordinator
  - Decedent Tracking Staff
  - Victim Decontamination Staff
  - X-ray
  - Storage
  - Receiving
  - Shipping
  - Embalming, if desired
- Coordinate with state, county, and local agencies in the acquisition of all necessary equipment and supplies for the extent and quantity of body management
- Oversee documentation requirements
- Maintain relationships with external/community partners, including but not limited to:
  - Joint Information Center (JIC)
  - ESF #8
  - Incident Command System personnel
  - Office of Emergency Management
  - Funeral Directors
  - Faith-based Organizations

## **NORMAL MORGUE CAPACITY**

Depending on the size and nature of the incident, the Coroner will determine if a temporary morgue site is needed in another location.

Vail Health does not have the morgue capacity that allows for long-term storage of the deceased.

- The following protocols will be implemented to the greatest ability of Vail Health at the time of the occurrence:
  - Determine and administer appropriate personal protective equipment required for staff and others handling the bodies and/or potentially contaminated property.
  - Determine and administer prophylaxis and/or immunizations/biologic requirements for involved staff. These decisions will be influenced by the type of biologic agent involved.
  - Security will be deployed to control access to any temporary morgue holding areas established on Vail Health property outside of the emergency department.
- Locations will be considered for temporary holding of fatalities until Coroner can assume control of the remains, including:
  - Emergency Department orthopedic overflow room (if incident does not also include mass casualties/traumas)
  - Hospital Decontamination tent sans decontamination equipment (provided that patient decontamination is not necessary for response)
  - Under cover of the employee parking structure
- Capacity and manner of storage of personal belongings will include:
  - Security evidence collection bags will be used to secure all valuables of the deceased and will be labeled with patient identifiers.
  - All other personal belongings will go into a Vail Health belongings bag and labeled with a patient identifier.

## **SURGE MORGUE CAPACITY**

Capacity of the surge morgue will be established by the County Coroner's Office in partnership with Vail Health. The policies, procedures and agency responsibilities will be defined in a Memorandum of Understanding, inter-agency agreement, or contract signed by all partnering agencies, and will include the following sections:

- Location, including assessment:
  - Disaster site management of human remains with proper documentation on site, including sketches, photographs, flagging and GPS, preliminary documentation procedures, proper removal and refrigerated storage until transportation can be arranged.
  - Access and access controls for supplemental or temporary morgue operations.
- Triggers for activation and demobilization morgue capacity.

If the incident requires a temporary morgue location separate from the normal location of human remains, the Coroner will determine where to establish the temporary morgue. Possible locations include:

- Warehouse
- Airplane hangar
- Fairground building



The temporary location must have the required equipment and personnel as listed above (see Staffing Needs, Assignments and Equipment).

### **PROCEDURES FOR HUMAN REMAINS STORAGE**

Procedures for human remains storage are as follows:

- Establish an on scene processing station
- Mark body bags with a patient identifier, time of death and case number of the deceased (to be obtained by the Coroner)
- Body stacking and/or placing bodies in freezing temperatures is not recommended unless permission is explicitly given by the Coroner

### **INFECTION CONTROL POLICY**

The infection control policy of each organization covered by this plan shall be followed and will include but shall not be limited to:

- Personal protective equipment will be required by all staff and others handling the bodies and/or potentially contaminated property.
- Prophylaxis immunizations and/or biologic requirements for staff if a biologic agent is involved in the incident will be adhered to by all personnel.
- Precautions should be adhered to for all personnel handling human remains to prevent risk of blood borne pathogens or body fluid exposure.

### **RECOMMENDED SUPPLY LIST**

- 50 Human remain pouches
- 150 Personal plastic Zip-lock bags
- 20 Waterproof marking pens
- 100 White bed sheets
- 50 ea. Small, medium, and large leather or working gloves
- 50 Rubber or latex gloves
- 3 Camera(s) with additional memory cards
- 50 Files
- 30 Pens
- 15 Pads of paper
- 2 Measuring tape

### **SECURITY**

In order to keep the incident and surrounding operation areas secure, a security perimeter using cones, ropes, or tape is needed, as well as staff to ensure no unauthorized personnel enter the incident or operations site. There will be established entry and exit points with staff maintaining restricted access. Media, bystanders, and nonessential personnel will not be allowed into the restricted areas.

Identification badges will be issued to appropriate personnel. If possible the ID badges should be made site specific for the Family Assistance Center (FAC), temporary morgue, Incident Command center, etc.

There will be an access log or database that is kept up to date and maintained. Unauthorized personnel will be immediately removed from the scene.

## **PSYCHOSOCIAL CONSIDERATIONS**

It is assumed that an incident resulting in mass fatalities will also have a large number of survivors and responders who will have prevailing mental health concerns. The following services will be provided to survivors:

- Translators
- Counselors
- Emergency medical services
- Long-term medical services
- Information regarding long-term counseling

In order to mobilize the different services the Coroner will notify the agencies of the incident and request assistance. Providers who are able to help will then report to the EOC and be directed to the proper location by the IC. If the requested agencies cannot provide assistance then the Coroner will request referrals to additional agencies that may be able to provide assistance. The Coroner will also request that agencies spread the word about the incident to similar service providers and have them contact the Coroner if they are able to help. The services can be provided in various locations including:

- Schools
- Conference rooms
- Additional rooms in the FAC

All staff handling descendants should be properly trained for handling the dead and made aware of the stress associated with handling human remains. The psychological impact of a MFI limits the use of volunteers. Based on their training volunteers may be used in non-recovery operations such as assisting in the FAC or relieving law enforcement officials in everyday routine work. Staff that is properly trained for handling the dead should be rotated in and out of active work to allow for rest in a designated area. The IC will be in charge of scheduling a rest period at regular intervals for the staff members as well as ensuring that the staff is properly rotated. The following services will be made available to the staff members on scene or in the designated rest area:

- Local chaplains
- Counselors
- Food and water
- Medical services

## **FAMILY ASSISTANCE CENTER**

During an MFI, family members of the injured or deceased will need a place where they can receive support and be away from possible media problems. The purposes of the FAC are to:

- Provide relatives of victims a location to receive information regarding the incident or victim.
- Protect families from media and curious onlookers.
- Allow investigators and Coroner access to the families to obtain information more easily.

The Coroner will be responsible for informing the family of the death of the victim or appointing a responsible person able to handle the stress of informing families of the victims' death. Only the Coroner or the one person appointed by the Coroner can inform families of death in order to avoid incorrect information transfer. Any information not involving the death of a victim will be given to the families by the coordinator of the FAC, being either the IC or the IC appointed staff member in charge of the FAC. In order to ensure information accuracy all information must reach the families through the one person in charge of the FAC or the Coroner/Coroner appointed staff member. The FAC will also have different services available to the families including:

- Grief counselors
- Local chaplains
- Translators
- American Red Cross personnel
- Salvation Army

The service providers will report to the Manager at the EOC when first arriving on scene. After reporting to the Manager they will be briefed on the incident, where the FAC is located, and how to effectively travel there without disrupting the work being done by other staff members. If the providers require anything additional they will put in a request to the person in charge of the FAC once they arrive at their proper location.

The FAC should be established as quickly as possible following an MFI. The IC will be responsible for deciding the location and establishing the FAC. The IC will also be in charge of coordinating the services in the FAC and sending relatives and staff to the correct location within the FAC. If another person is qualified and capable to coordinate the FAC including services and personnel the IC can give that person the authority to run the FAC, but still report to the IC. Emergency personnel or the Coroner should meet with the families on a regular basis to keep them informed. Possible locations for the FAC are:

- Hotel
- School
- Church
- Conference rooms

## **VAIL HEALTH SPECIFIC PROTOCOLS**

Vail Health will provide initial response for the specific management of fatalities within its facility until the Coroner can resume command and control of each body, including but not limited to the following:

- Ensure Vail Health Liaison actively participates in the incident EOC to communicate needs/support capabilities with local authorities.
- Notify other area health care facilities for possible impacts from the event.
- Request additional body bags if needed.
- Request mental health support services
  - Eagle County Department of Human Services
  - Mindsprings Health
  - The Samaritan Counseling Center
- Participate in the JIC with other agency Public Information Officers

## **COMMUNICATION**

A JIC will be established as part of the Eagle County EOC to coordinate the release of information regarding a Mass Fatalities Incident. At a minimum, the Eagle County Communications Department who will be in touch with the Coroner will be included.

## **DEMOBILIZATION**

- The Coroner in conjunction with mortuary service will determine the need to open and close any temporary morgue facilities.

## **PLAN EVALUATION**

### **Revision Process**

This plan will be reviewed on an annual basis with minor revisions made as necessary. Minor revisions will be made as a result of changing laws at the local, state and federal level or by evaluating the process of incidents across the country. Major revisions will be made every two years if no incident occurs. If an incident does occur, however, the plan will be evaluated and revised as a part of the debriefing based on how the event was handled and gaps discovered during the incident.

The process will include input from partners in incidents including the Vail Health, Public Health, The Coroner's Office, Law Enforcement agencies, mental health and other service providers including clergy and pastors.